

Student Name: Eliabeth Atore

Unit: _____

Pt. Initials: KA

Date: 2/21/24

Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: KN A

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		IVP – List solution to dilute and rate to push. IVPB – concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range?	If not, why?			
<u>butanechol</u>	<u>Skeletal muscle relaxant</u>	<u>muscle relaxant</u>	<u>5mg/ml G tube</u>	<u>every 8hrs</u>				<ol style="list-style-type: none"> 1. Do not stop the drug suddenly. 2. The baby may sleep longer. 3. Finish the dose 4. Report yellowing of eyes.
<u>levofloxacin</u>	<u>Fluoroquinolones Antibiotics</u>	<u>Antibiotic</u>	<u>25mg/ml liquid 100mg long tube</u>	<u>8-10mg/kg/dose twice daily</u>	<u>Yes</u>		<u>Alters kidney function</u>	<ol style="list-style-type: none"> 1. Do not take more than 5 doses 2. Report yellowing of eye child 3. Report fever 4. Report abd pain
<u>dexamethasone</u>	<u>Analgesic</u>	<u>Pain + Fever</u>	<u>1mg/kg every 6hrs IV</u>	<u>3-20mg/kg/dose</u>				<ol style="list-style-type: none"> 1. Do not take more than 2 doses every 6hrs 2. Report fever 3. Report nausea & vomiting
<u>ibuprofen</u>	<u>Anti-Rheumatic</u>	<u>Pain and Fever</u>	<u>100mg/5ml every 6hrs IV</u>	<u>50mg/100ml 40mg/ml</u>	<u>Yes</u>			<ol style="list-style-type: none"> 1. 2. 3. 4.
<u>acetaminophen</u>		<u>Pain</u>	<u>10mg/ml every 4hrs</u>					<ol style="list-style-type: none"> 1. 2. 3. 4.